

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10588339	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5						
6						
7						
8			1			
9			1			
10						
11						
12			1			
13						
14						
15						
16						
17			1			
18						
19			1			
20						
21						
22			1			
23						
24						
25	1					
26			1			
27			1			
28						
29						
30			1			
31						
32						
33						
34						
35			1			
36			1			
37						
38						
39			1			
40						
41						
42			1			
43			1			
44			1			
45			1			
46						
47						
48			1			
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53						
54						
55					1	
56						
57						
58						
59					1	
60						
61					1	
62						
63						
64					1	
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67						
68					1	
69					1	
70					1	
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72						
73					1	
74					1	
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77						
78					1	
79						
80						
81					1	
82					1	
83						
84						
85						
86					1	
87						
88					1	
89					1	
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					5	
TOTAL DEP.					38	
TOTAL CLAIMS					43	